

APPLICATION TO PURCHASE CALIFORNIA'S VITAL STATISTICS DATA FILES REQUIRING STATE REGISTRAR APPROVAL ORDERING INSTRUCTIONS

The files listed on this application will not contain the Social Security Number or Mother's Maiden Name data. Also, these files will not contain any names or other identifiers for Out-of-State events. Out-of-State events are those events that occurred to California residents in another state. Events that occur in other states are subject to the confidentiality restrictions of the state of occurrence. For more information on obtaining these confidential identifiers, please contact the Office of Health Information and Research at (916) 552-8095.

Approval from the State Registrar is required to obtain the files on this application. Following is an explanation of the files:

Death Statistical Master File – With Names of Decedent: These death files will have the names of the decedents and the certificate numbers for all deaths occurring in California. The decedent's names and other personal identifiers will be blank for all Out-of-State events, but all other medical and demographic data will be on the files for those events.

Merged Death Files – With Names of Decedent: These files are sub-sets of the Death Statistical Master Files. They have fewer variables, but they are the most commonly used variables. These files were intended for data users who do not need all the data included on the Master Files and are looking for a cost savings. These files will have the names of the decedents and the certificate numbers for all deaths occurring in California. The decedent's names and other personal identifiers will be blank for all Out-of-State events, but the medical and demographic data will be included. Please note that ZIP Code information is not included on the Merged Death Files.

Death Address Files: These files contain geographic data such as street level address of decedent and other geocoding data. Some years contain decedent's name and certificate numbers; some years contain only certificate numbers for unique identifiers. These files are not linked to the medical and demographic data contained in the Death Statistical Master Files. However, these files can be linked to the Master Files using the certificate numbers. There are only limited years (1989-91 and 1999-01) of death address files available. There are no other years of death files containing street level address data.

To purchase copies of these files, please complete the attached application.

- Read the agreement carefully and sign where indicated on the second page of the application.
- Notarized proof of identity is required for the person signing the agreement. Space for notarization is provided on the second page of the application.
- Attach a statement regarding the intended use of the data, preferably on agency letterhead.
- Submit payment with your completed application. (See Page 2 for more information regarding payment and mailing instructions.)
- Your application materials will be submitted to the State Registrar for review. Upon approval the files may be released.

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PAYMENT AND MAILING INSTRUCTIONS

Please enclose your check or money order made payable to:
California Department of Public Health.

We cannot accept credit cards or send files via a purchase order.

Payment must be received before files are released.

Federal Taxpayer ID Number: 94-6001347

If an invoice is needed in order to process a check, please contact
the Office of Health Information and Research below.

- **Please do not mail checks or money orders without a copy of the application or an invoice. Checks sent without proper backup may result in a significant delay in processing the request.**

Please mail the completed application materials and payment to:

California Department of Public Health
Office of Health Information and Research
Attn: Laurie Smith-Giles, Research Analyst II
MS 5103, P.O. Box 997410
Sacramento, CA 95899-7410

Phone: (916) 552-8095 Fax: (916) 650-6889

E-Mail: Lsmithgi@dhs.ca.gov

Fed-Ex Deliveries: Fed-Ex deliveries are not accepted using the P.O. Box above. If you would like to Fed-Ex your completed application and payment, please call or e-mail for the physical location. If you would like the CDs delivered via Fed-Ex, you must supply your Fed-Ex account number or a credit card billing number.

To order files on mainframe tape or for further information, please contact the Office of Health Information and Research above.

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Name:			Date:		
Title:		Organization:			
Street Address:				City:	
State:	Zip Code:	Phone:	Fax:		
E-Mail Address:					

Vital Statistics Data Files:	Year(s) Requested:	Cost:	Total:
Death Statistical Master Files <input type="checkbox"/> With Names & Certificate Numbers These files do not contain the Social Security Number, Mother's Maiden Name, or any identifiers for Out-of-State events (see cover sheet for further explanation).	SINGLE-YEAR FILES: 1999-2005 Year(s) Requested: _____ MULTI-YEAR FILES: <input type="checkbox"/> 1970-79 <input type="checkbox"/> 1980-88 <input type="checkbox"/> 1989-98	\$150 for each single-year file \$300 for each multi-year file	\$
Merged Death Files <input type="checkbox"/> With Names & Certificate Numbers These files do not contain the Social Security Number, Mother's Maiden Name, or any identifiers for Out-of-State events (see cover sheet for further explanation).	<input type="checkbox"/> 1990-94 <input type="checkbox"/> 1995-99 <input type="checkbox"/> 2000-04 <input type="checkbox"/> 1975-79 <input type="checkbox"/> 1980-84 <input type="checkbox"/> 1985-89 <input type="checkbox"/> 1960-64 <input type="checkbox"/> 1965-69 <input type="checkbox"/> 1970-74	\$200 for each five-year file	\$
Death Address Files <input type="checkbox"/> Certificate Numbers and Geographic Data These files contain geographic data only. These files are not linked with the medical and demographic data.	<input type="checkbox"/> 1999 <input type="checkbox"/> 2000 <input type="checkbox"/> 2001 <input type="checkbox"/> 1989-1991 <input type="checkbox"/> 1999-2001	\$ 50 for each single-year file \$100 for each multi-year file	\$
Total Enclosed (No Tax, Shipping, or Handling Fees)			\$

Intended Use of Data Files

PLEASE ANSWER THE FOLLOWING QUESTIONS PERTAINING TO USE OF IDENTIFIABLE DATA:

Will the data be used to contact subjects: ☐ YES ☐ NO

Will identifiable data be released: ☐ YES ☐ NO

PLEASE NOTE: IF ANSWERING YES TO EITHER QUESTION PLEASE ADDRESS THESE SPECIFIC ISSUES IN THE ATTACHED STATEMENT OF INTENDED USE.

Statement of Intended Use

Please attach a statement regarding the intended use of the data files, preferably on agency letterhead. Describe the security measures that will be taken to protect the privacy of the identifiable data, such as names and/or addresses.

Vital Statistics Access Agreement (Signature Required)

I, the undersigned, on behalf of the organization represented in this application and under penalty of perjury under the laws of the State of California, agree to the following:

I agree not to sell, assign, release or otherwise transfer the files or any portion thereof, or to release names or other personal identifiers, including addresses, from the files. I agree not to use files for purposes not described in this agreement without contacting the Center for Health Statistics. I agree that the files or portions of the files will not be posted on the Internet except as provided by law [Health and Safety Code 102231(e)] and will not be used for fraudulent purposes. I understand that violation of this agreement or violation of Health and Safety Code Sections 102230 and 102231 is a misdemeanor punishable by up to one year in jail and/or a fine of \$1,000 and may result in denial of further access to data files (Health and Safety Code, Sec. 102232).

I further agree to the following for any material derived from these vital statistics files:

1. To acknowledge the California Department of Public Health, Center for Health Statistics as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the California Department of Public Health, Center for Health Statistics.
3. To assure that technical descriptions of the data are consistent with those provided by the California Department of Public Health, Center for Health Statistics.

User's
Signature: _____ Date: _____
Printed
Name: _____ Title: _____

Certificate of Acknowledgement

State of _____)
) ss
County of _____)

On _____, before me personally appeared _____,

- ☐ personally known to me, or
- ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.
(NOTARY SEAL)

NOTARY SIGNATURE

Center for Health Statistics (CHS) Use Only

CHS
Authorization: _____ Date: _____

Application is complete: _____

State Registrar, Center for Health Statistics, California Department of Public Health